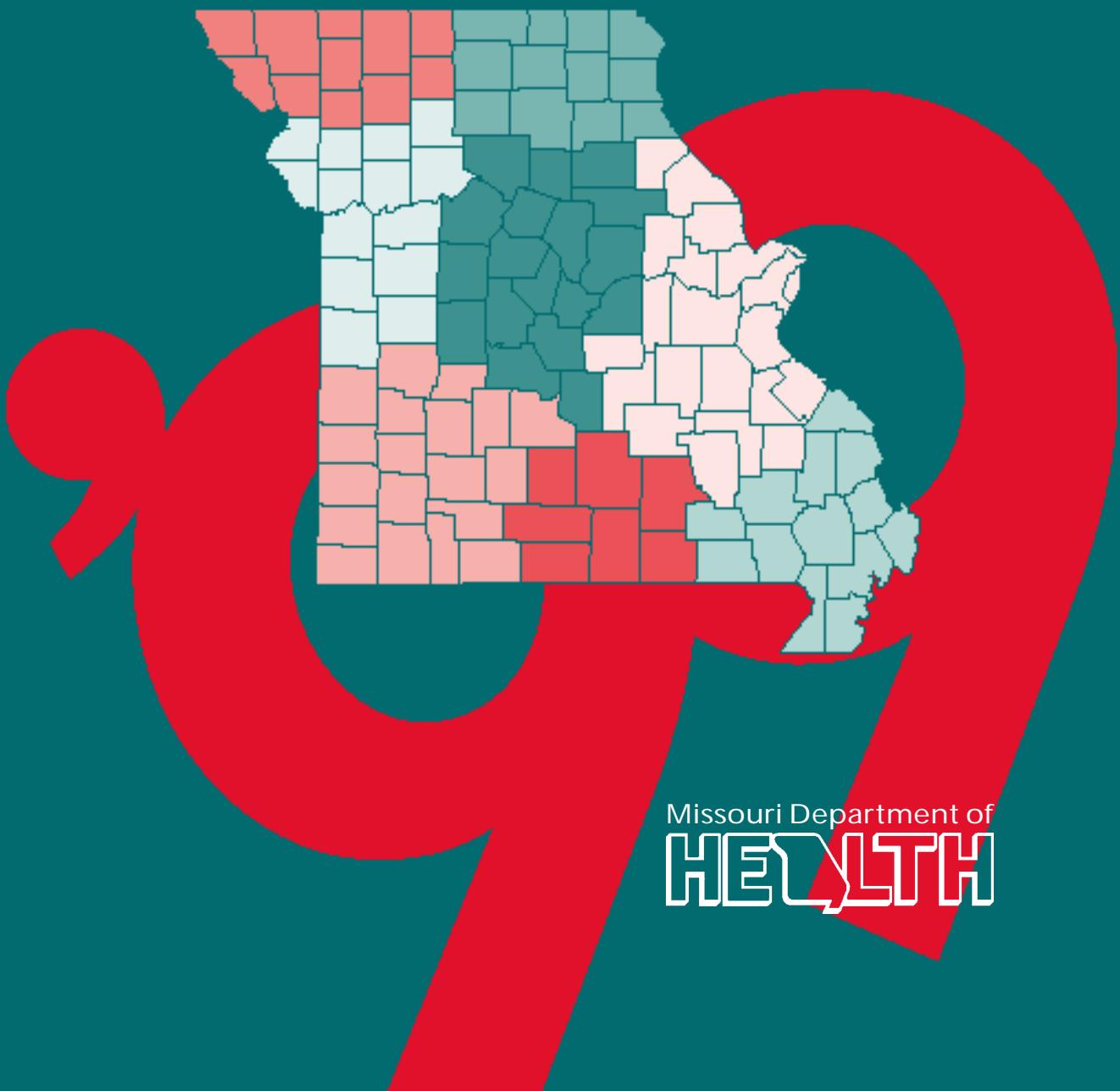


Show me... Buyer's Guide:

COMMERCIAL MANAGED CARE PLANS



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The Missouri Department of Health has attempted to publish accurate information based upon common definitions. Managed care plans were given an opportunity to review and correct the data presented. Other corrections or suggestions should be forwarded to the Center for Health Information Management and Epidemiology, Missouri Department of Health, PO Box 570, Jefferson City, MO 65102. Our telephone number is (573) 751-6279. Additional copies of this report may be purchased for \$3 each. A companion technical report, containing the data and statistical formulas used, is also available for \$10.

The Missouri Department of Health is an equal opportunity/affirmative action employer. Services are provided on a nondiscriminatory basis. This information is available in alternate formats to citizens with disabilities.

A Letter from the Director, Missouri Department of Health

Dear Missourians:

It is my pleasure to share with you information regarding managed care plans provided by Missouri commercial managed care providers. The Missouri Department of Health has worked hard to gather comparative information regarding managed care services and present it in a timely and understandable manner. This document is meant to help educate consumers and provide information that will better enable all Missourians to make informed decisions regarding their health care.

The *Buyer's Guide: Commercial Managed Care Plans* provides information that will enable you to compare managed care plans. In partnership with your physician, you now have information with which to make informed decisions about your health care. I encourage you to take the time to use this valuable resource to its full advantage.

Very truly yours,



How To Use This Guide

As part of its mission to protect and promote the health of Missourians, the Department of Health (DOH) is pleased to issue this consumer's guide to commercial managed care plans. The guide's primary objective is to assist health care consumers and purchasers in making informed choices regarding managed care options through reports on the quality of care, access to care and member satisfaction.

As more Missourians enroll in managed care plans, it is important that they have the most reliable information currently available on managed care plans operating in our state. If you are already enrolled in a managed care plan, this guide can help you evaluate the performance of your plan compared with other plans. If you need to make a choice between managed care plans, the guide can help you compare various plans.

Comparing managed care plans can be a complex and difficult task. The indicators used in this report should be viewed in combination and are intended to assist consumers in developing a list of additional questions for providers. No one indicator, in and of itself, should be viewed as a sole direct measure of the quality of care provided. While this consumer guide does not provide an overall ranking of the health plans, it does identify a number of criteria by which Missourians can assess their managed care options so they can make the best choice for themselves and their families.

In this report we use nationally accepted indicators, surveys and

methods, with technical guidance from the National Committee for Quality Assurance (NCQA) and the entities responsible for the Health Plan and Employer Data and Information Set (HEDIS®).* Selection of the HEDIS indicators and other data presented in this guide was based on input from the Department's Managed Care Advisory Committee. The latter includes representation from the managed care plans, health care providers, consumer groups, third party payors, related government programs and the state legislature.

We recognize that development and release of consumer data both in Missouri and nationally is in evolution. However, there is a national consensus that public data disclosures are in the public interest. To continually improve our service to Missourians and to reflect the developing science of consumer reports, each release of this buyer's guide will be reviewed to determine how to enhance subsequent publications.

Consumers have a right to know as much as possible about the services provided by health care providers and the outcomes of care. Indeed, empowered with information, consumers may become not only more responsible for their own care but also better partners with their health care providers. The impact of information-based health care decisions and actions can also extend to the larger community, resulting in improvement in the overall health status of Missouri's citizens.

- ◆ **View all data**
- ◆ **Evaluate providers**
- ◆ **Survey options**
- ◆ **Ask questions**

Only managed care plans that were in operation or that filed performance and satisfaction data for the full reporting year are included in this guide. New plans that began operations on or after January 1, 1998 can be identified by contacting the Department of Insurance's Consumer Hotline or Managed Care phone numbers found on the last page.

Due to differences in coverage and services provided by commercial, Medicare and Medicaid managed care plans, the data for this year's guide are presented in three separate reports - one for each type of plan. In each of these reports, information is provided about the availability of the health plans in the various geographic areas of the state.

* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

What We Mean When We Say . . .

Terms and their definitions are provided to help consumers understand concepts used in this guide.

Managed Care Plans

Commonly, managed care plans attempt to provide greater coverage for less or no more cost than traditional fee-for-service plans by using a primary care provider to manage health care for members. Managed care organizations offer a variety of types of different health care service products, ranging from plans with large networks of health care providers to those with a smaller, more defined network. Commercial managed care products are available to consumers and employees who have an ability to pay the premiums. Often, commercial products are selected by employers for consideration by their employees as part of their benefits program.

HMO

Health Maintenance Organizations are organized health care systems that finance and deliver a broad range of comprehensive health services to a member population. At least part of this arrangement consists of providing basic health care on a prepaid basis in which members pay a monthly or yearly fee for all health care, including

hospitalization. Since costs to patients are fixed in advance, preventive health care is stressed, to avoid costly hospitalization.

Some health plans offer a Point of Service option. Point of Service lets a member go to a provider who is not in the plan network. In exchange, the member is subject to higher co-payments and deductibles. Choosing to see a physician or other provider not in the plan's network, may require paying all or a portion of the cost.

Primary Care Provider

A primary care provider (PCP) offers basic services or "first line" care. Usually a physician or nurse practitioner is responsible for well-person care and preventive care to plan members. While the PCP may be the only provider members need to visit for this care, PCPs also coordinate referrals to specialists. Specialists have specific training to treat health care needs like major surgery or complicated cardiac care.

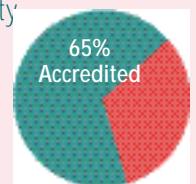
Choice of a PCP is vital to consumers because of the importance of the doctor-patient relationship. Many plans now allow women to choose a gynecologist for well-woman care. Patients with certain types of chronic conditions, e.g. diabetes, may be permitted to have a specialist as their PCP.

Indicator

A performance indicator describes a measurable aspect of health care delivery that can be compared with clinically valid criteria to see if a plan meets national quality standards. Collectively, they provide an idea of the quality and appropriateness of care delivered, and the members' satisfaction with care received. Indicators should be reviewed prior to making a health care decision or enrolling in a managed care plan.

National Accreditation

A significant majority of separately reported Missouri plans (17 of 26) were nationally accredited in 1998.



Accreditation

Two national organizations accredit health plans in Missouri: The National Committee for Quality Assurance (NCQA) and American Accreditation Healthcare Commission/Utilization Review Accreditation Commission (URAC). Accreditation is important because it indicates a health plan has met national quality standards.

HEDIS

Health Plan Employer Data and Information Set (HEDIS) is a core set of performance measures developed to assist in understanding value and accountability from a health plan. Originally designed to help employer's select managed care plans for their employees, HEDIS has been adopted by many other groups.

Quality

Quality for a managed care plan is defined by nationally recognized standards of the technical and interpersonal aspects of care. Appropriate services are those provided in the proper setting and a timely manner to the person in need.

Member Satisfaction

Satisfaction is an important dimension of quality from a member's perspective. The patient's experience with the health care professional, the clinic staff, and the plan's administrative staff and policies can enhance or diminish the medical treatment received.

HMO - Health Maintenance Organization

PCP- Primary Care Provider

NCOA - National Committee for Quality Assurance

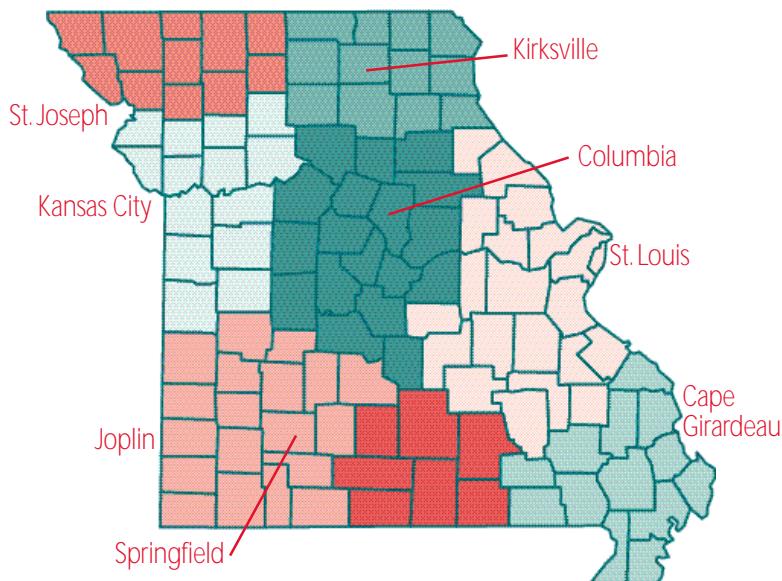
URAC - Utilization Review

Accreditation Commission

Plan Coverage by Regions

This table shows regions where commercial health plans offer managed care. Page 16 lists the counties within each region. A plan, however, may not offer coverage in every county in a region. To determine coverage in a particular county or city, please contact the plan. See inside back cover for phone numbers.

Plan Name	Regions							
	North Western	Western	South Western	Central	South Central	North Eastern	Eastern	South Eastern
Blue-Advantage	●	●	●	●				
Blue-Care	●	●						
Blue Choice		●	●	●	●	●	●	●
CIGNA HealthCare St. Louis	●							
CIGNA of Kansas/Missouri	●	●						
Community Health Plan	●	●						
Cox Freeman Health Plans			●		●			
Exclusive Healthcare		●						
Group Health Plan			●		●		●	
HealthNET Blue POS								●
Health Partners of the Midwest							●	●
HealthLink			●		●	●	●	●
HealthNet HMO			●					
Humana Health Plan		●	●		●	●	●	●
Humana Kansas City		●	●		●	●	●	●
Kaiser Foundation HP - Kansas City		●						
Mercy Health Plan of MO- St. Louis								
Missouri Advantage		●	●					
Premier Health Plans		●	●		●		●	
Principal Health Care of Kansas City		●						
Principal Health Care of St. Louis							●	
Prudential Health Care Plan - KC		●						
Prudential Health Care Plan - St. Louis		●					●	
Total Health Care								
UnitedHealthcare of the Midwest - KC	●							
UnitedHealthcare of the Midwest - St. L	●		●	●	●	●	●	●



Missouri Geographic Regions

- ◆ North Western Region
- ◆ Western Region
- ◆ South Western Region
- ◆ Central Region
- ◆ South Central Region
- ◆ North Eastern Region
- ◆ Eastern Region
- ◆ South Eastern Region

Commercial Performance Indicators

These indicators are explained in more detail on page 6.

	Prenatal Care in First Trimester	Cesarean Section	VBAC	Childhood Immunization	Breast Cancer Screening	Diabetic Eye Exam	Mental Health Hospitalization Follow-up	Advising Smokers to Quit
Blue-Advantage	●	●	●	○	●	NR	●	●
Blue-Care	●	●	●	○	●	NR	●	●
Blue Choice	●	○	○	●	●	●	●	●
CIGNA HealthCare St. Louis	●	○	●	●	●	●	●	●
CIGNA of Kansas/Missouri	●	●	N/A	●	●	●	●	●
Community Health Plan	●	●	●	●	○	○	○	NR
Cox Freeman Health Plans	●	○	●	●	●	●	N/A	●
Exclusive Healthcare	●	●	N/A	○	●	○	○	●
Group Health Plan	●	●	●	●	●	●	●	●
HealthNET Blue POS	●	●	●	NR	○	○	N/A	●
Health Partners of the Midwest	●	○	●	●	●	●	●	●
HealthLink	●	●	N/A	○	●	○	N/A	●
HealthNet HMO	●	●	●	●	●	●	●	●
Humana Health Plan ¹	●	●	●	○	●	○	○	NR
Humana Kansas City ¹	●	●	●	●	●	●	●	●
Kaiser Foundation Health Plan - KC	●	●	●	●	●	●	●	●
Mercy Health Plan of Missouri - St. L ²	●	●	●	○	●	●	●	●
Missouri Advantage	●	●	N/A	○	●	●	N/A	○
Premier Health Plans ²	●	●	●	●	●	●	●	●
Principal Health Care of Kansas City	NR	NR	NR	●	●	●	●	●
Principal Health Care of St. Louis	NR	NR	NR	○	●	●	●	●
Prudential Health Care Plan - KC	●	●	●	●	●	●	●	●
Prudential Health Care Plan - St. Louis	●	○	●	●	●	●	●	●
Total Health Care	●	●	●	○	●	NR	●	●
UnitedHealthcare of the Midwest - KC	●	○	●	●	●	●	●	●
UnitedHealthcare of the Midwest - St. L	●	○	●	●	●	●	●	●
Statewide Managed Care Averages	96%	22%	27%	45%	66%	32%	62%	62%
Statewide non-Managed Care Averages	82%	21%	30%	none	none	none	none	none
National Managed Care Averages	84%	21%	40%	61%	72%	41%	67%	63%
National & State Goals	90%	15%	none	85%	none	none	none	75%

Performance Level

- — High Performance
- — Average Performance
- — Low Performance
- N/A — Results not reported due to small numbers
- NR — Plan did not report data or data was biased

Note: The performance rating on the cesarean measure is not equivalent to the numerical rating. A low numerical rating results in a *high* performance rating. For all other measures listed above, a *high* numerical rating results in a *high* performance rating.

Pregnancy Related Indicators

Percent of mothers:

- ◆ who had prenatal visits in first three months of pregnancy (Early Prenatal Care).
- ◆ delivering their baby by cesarean (Cesarean Section).
- ◆ having a vaginal birth after a prior cesarean section (VBAC).

Childhood Immunizations

Percent of two year olds who received all recommended shots.

Breast Cancer Screening

Percent of women (52-69) who had a mammogram in the past 2 years.

Diabetic Eye Exam

Rate of retinal eye examinations for diabetics.

Mental Health Hospitalization Follow-up

Rate of follow-up after discharge for mental health hospitalizations.

Rate of Advising Smokers to Quit

The percent of smokers advised to give up smoking by a doctor.

¹ Humana Kansas City reflects Humana in the Kansas City area; Humana Health Plan reflects Humana outside the Kansas City area.

² Mercy Health Plan and Premier Health Plans reported combined data.

Member Satisfaction Indicators

These indicators are explained in more detail on page 7.

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Courteous, Helpful Staff	Customer Service	Claims Processing	Overall Rating Health Plan
Blue-Advantage	●	○	●	●	●	●	●
Blue-Care	●	●	●	●	○	●	●
Blue Choice	●	●	●	●	●	●	●
CIGNA HealthCare St. Louis	●	●	●	●	●	●	●
CIGNA of Kansas/Missouri	●	●	●	●	●	●	●
Community Health Plan	NR	NR	NR	NR	NR	NR	NR
Cox Freeman Health Plans	●	●	●	●	●	●	○
Exclusive Healthcare	●	●	●	●	○	○	○
Group Health Plan	○	○	●	●	●	●	●
HealthNET Blue POS	●	●	●	●	●	●	●
Health Partners of the Midwest	●	●	●	●	●	●	●
HealthLink	○	●	●	●	●	●	●
HealthNet HMO	●	●	●	●	●	●	●
Humana Health Plan	NR	NR	NR	NR	NR	NR	NR
Humana Kansas City	●	○	●	●	●	●	●
Kaiser Foundation Health Plan - Kansas City	●	●	●	●	●	●	●
Mercy Health Plan of Missouri - St. Louis	●	●	●	●	●	●	●
Missouri Advantage	●	○	●	●	●	●	●
Premier Health Plans	●	●	●	●	●	●	●
Principal Health Care of Kansas City	●	●	●	●	●	●	○
Principal Health Care of St. Louis	●	●	●	●	●	●	●
Prudential Health Care Plan - Kansas City	○	●	●	●	●	●	●
Prudential Health Care Plan - St. Louis	●	●	●	●	●	●	●
Total Health Care	●	●	●	●	●	●	●
UnitedHealthcare of the Midwest - KC	●	●	●	●	●	●	●
UnitedHealthcare of the Midwest - St. Louis	●	●	●	●	●	●	●
Statewide Managed Care Averages	74%	78%	89%	91%	53%	77%	55%
National Managed Care Averages	73%	78%	89%	91%	54%	77%	57%

Getting Needed Care

Managed care does not mean reducing the quality of care. Rather health plans and physicians work together with the patient to avoid costly, unnecessary treatment. When your physician believes a treatment is needed and appropriate, you should be able to obtain health plan approval and a referral to a specialist without undue delay.

Getting Care Quickly

Managed care health plans have a responsibility to monitor the delivery of health services and to assist doctors in improving the efficiency of their practices. Such measures can assist in increasing the speed with which you can access care by your physician and can help prevent medical problems.

How Well Doctors Communicate & Courteous and Helpful Office Staff

Managed care plans help update the communication skills of physicians and office staff with the latest techniques. Physicians who employ effective methods of interaction, discussion and listening, are better able to identify their patients' problems and address their health needs and concerns. Caring and considerate clinic personnel can also play a role by helping to reduce patient discomfort and anxiety.

Customer Service Claims Processing

Managed care also integrates financing with delivery of health care. By providing more effective service and information, health plans can alleviate needless worry and frustration after your health care visit. Difficulties in processing your claims may be an indicator of administrative and/or management problems within the plan.

Satisfaction Level

- — High Satisfaction
- — Average Satisfaction
- — Low Satisfaction
- NR — Health Plan did not report data

Overall Rating

An overall rating of members' health plan experience that is very high or very low may indicate that underlying strengths or weaknesses exist in a managed care organization. However, besides the six specific areas already discussed, overall rating encompasses important non-health related aspects of satisfaction such as price and out of pocket costs.

Performance Indicator Definitions

The following definitions have been modified to provide concise yet professionally accurate definitions. For in-depth definitions and data collection methods please refer to the NCQA publication listed at the end of this report.

Prenatal Care in First Trimester:

The percentage of women who delivered a live baby who had a prenatal visit(s) during the first three months of their pregnancy. Women receiving prenatal care tend to have better birth outcomes. One of the goals of *Healthy People 2000* is to increase to at least 90% the proportion of all pregnant women who receive care in the first trimester of pregnancy.

Cesarean Section Rate:

The rate at which women who have delivered a live baby do so through a surgical procedure referred to as a 'cesarean section.' Cesarean section deliveries are major surgery. They require a longer hospital stay for mother and baby, a longer recuperation time, result in more infections, and have higher costs. This indicator shows that a plan is performing better when it has a *lower* rate. A national public health goal is to reduce the cesarean delivery rate to no more than 15 per 100 deliveries by the year 2000.

Explanation of the Summary Scores for Performance and Member Satisfaction Indicators:

Plans were required to submit independently audited performance data. Each plan's pregnancy-related rates (Early Prenatal Care, Cesarean Section, VBAC) were compared with the statewide rates combining managed and non-managed care. The

Vaginal Birth after Cesarean Rate (VBAC):

The rate at which women who have had a previous cesarean section give birth vaginally. When medically possible, vaginal deliveries are preferable to cesarean sections. Studies indicate it is safe for most, but not all, women who have had a cesarean section to have later deliveries vaginally. This option should be discussed with your doctor.

Breast Cancer Screening:

The percentage of women age 52 through 69 years who had a mammogram (an x-ray of the breast) during the reporting year or the preceding year. To identify possible breast cancer at the earliest time, a full breast cancer screen includes mammography and a clinical breast examination (CBE) where the provider checks the breast for suspicious lumps. Women should consult with their physician to determine an appropriate time interval for breast cancer screening, based on family history and other risk factors.

Diabetic Eye Exam:

The percent of all known diabetic enrollees who had annual eye examinations by a qualified eye care professional. Early detection and treatment can reduce the numbers of eye problems and preventable blindness associated with diabetes. Annual eye exams are recommended for diabetic patients.

other performance and satisfaction indicators' rates were compared only with the statewide rates of the managed care plans.

Based on the results of a statistical "test of significance," High, Average and Low scores were assigned to each rate. Such a test is used to determine whether the difference seen between a plan's rate and the benchmark state

Mental Health Hospitalization Follow-up:

The percentage of members hospitalized for selected mental health disorders who were seen on an ambulatory basis, or were in day/night treatment with a mental health provider, within 30 days of discharge.

Childhood Immunization Status:

The percentage of continuously enrolled children turning two years of age during the reporting year who received the recommended age appropriate immunizations, including Hepatitis B. The Missouri Department of Health has set a target childhood immunization rate of 85% by December 31, 2001.

Rate of Advising Smokers to Quit:

The rate at which either current smokers or recent quitters seen by a managed care provider during the reporting year were advised to quit smoking. Cigarette smoking accounts for one in every six deaths and is the most preventable cause of premature illness and death. Physician advice about the health risks of smoking is linked to patient tobacco use cessation. One of the goals of *Healthy People 2000* is to increase to at least 75% the proportion of primary care providers who routinely counsel patients about tobacco use cessation.

average rate are due simply to chance or represent a meaningful difference. Thus, scores of "High" and "Low" only signify a plan's performance relative to other plans and not to some standard of health care functioning. The actual plan rates and methods used to test for statistical significance are available in the Managed Care Technical Guide.

Satisfaction Indicators Explained

How Satisfied Members Are With Their Managed Care Plan

A survey, developed by NCQA, was conducted to determine consumers' experience with each managed care plan. The table on page 5 reports the results of six question composites and one individual question that measure major areas of members' satisfaction with their plan's service. Bolded responses indicate the consumer preferred responses. Scores were determined using the proportion of preferred responses. The contents of each composite indicator follows:

Getting Needed Care

A big problem, A small problem, NOT A PROBLEM

- ◆ With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?
- ◆ In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?
- ◆ In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?
- ◆ In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

Getting Care Quickly

Never, Sometimes, USUALLY, ALWAYS

- ◆ In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?
- ◆ In the last 12 months, how often did you get an appointment for regular or routine health care as soon as you wanted?
- ◆ In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?
- ◆ In the last 12 months, how often did you wait in the doctor's office or clinic [no] more than 15 minutes past your appointment time to see the person you went to see?

How Well Doctors Communicate

Never, Sometimes, USUALLY, ALWAYS

- ◆ In the last 12 months, how often did doctors or other health providers listen carefully to you?
- ◆ In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?
- ◆ In the last 12 months, how often did doctors or other health providers show respect for what you had to say?
- ◆ In the last 12 months, how often did doctors or other health providers spend enough time with you?

Courteous and Helpful Office Staff

Never, Sometimes, USUALLY, ALWAYS

- ◆ In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?
- ◆ In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

Customer Service

A big problem, A small problem, NOT A PROBLEM

- ◆ In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?
- ◆ In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?
- ◆ In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

Claims Processing

Never, Sometimes, USUALLY, ALWAYS

- ◆ In the last 12 months, how often did your health plan handle your claims in a reasonable time?
- ◆ In the last 12 months, how often did your health plan handle your claims correctly?

Overall Rating

1 2 3 4 5 6 7 8 9 10
Worst BEST

- ◆ We want to know your rating of all your experience with your health plan. How would you rate your health plan now?

Where We Get Information

We show information on services and quality of care in this report to help consumers select the best managed care plan to meet their needs. The information comes from a variety of sources including:

- ◆ NCQA member satisfaction survey conducted by independent survey firms.
- ◆ National managed care averages are from NCQA's 1999 Quality Compass™ report.
- ◆ Birth certificate data maintained by the Department of Health.
- ◆ HEDIS® data submitted by Missouri managed care plans and audited by independent NCQA licensed firms.
- ◆ Financial data collected by the Department of Insurance.
- ◆ Enrollment and complaint data supplied by the Department of Insurance.
- ◆ Disenrollment data submitted by the plans to the Department of Health.

Access to Care

Screening, Education and Prevention Activities

Plan Name	Physician's Practices	Feedback on Prevention Services	Ed. Materials: At-Risk Patients	Pre/Post Surgery Information	Reminder Calls / Letters			Smoking Cessation	Wellness Survey
	Updates	Services			Mammogram	Pap Smear	Immunizations		
Blue-Advantage	●	●	●	●	●	●	●	○	●
Blue-Care	●	●	●	●	●	●	●	○	●
Blue Choice	●	○	●	●	●	●	●	●	●
CIGNA HealthCare of St. Louis	●	○	●	●	●	●	●	●	○
CIGNA of Kansas/Missouri	●	○	●	●	●	●	●	○	●
Community Health Plan	○	○	○	○	○	○	●	○	○
Cox Freeman Health Plans	○	○	○	○	○	○	○	○	○
Exclusive Healthcare	○	○	○	○	○	○	○	○	○
Group Health Plan	○	○	●	●	●	●	●	●	●
HealthNET Blue POS	●	○	●	●	●	●	●	●	●
Health Partners of the Midwest	●	○	●	●	●	●	●	●	●
HealthLink	○	○	○	○	○	○	○	●	○
HealthNet HMO	○	○	●	●	●	●	●	●	●
Humana Health Plan	●	○	●	●	●	●	●	●	●
Humana Kansas City	●	○	●	●	●	●	●	●	●
Kaiser Foundation Health Plan - KC	●	●	●	●	●	●	●	●	●
Mercy Health Plan of Missouri - St. L	●	○	●	●	●	●	●	●	●
Missouri Advantage	●	●	●	○	●	●	●	●	●
Premier Health Plans	●	○	●	●	●	●	●	●	●
Principal Health Care of Kansas City	●	●	●	●	●	●	●	○	●
Principal Health Care of St. Louis	○	○	●	●	●	●	●	●	●
Prudential Health Care Plan - KC	●	○	●	●	●	●	●	●	●
Prudential Health Care Plan - St. L	●	○	●	●	●	●	●	●	●
Total Health Care	●	●	●	●	●	●	●	●	●
UnitedHealthcare of the Midwest - KC	●	●	●	●	●	●	●	●	●
UnitedHealthcare of the Midwest - St. L	●	●	●	●	●	●	●	●	●

Physician Practices Updates

Did the managed care plan conduct activities for your providers to improve their knowledge on current practice recommendations?

Feedback on Prevention Services

Did the managed care plan provide feedback to providers on the preventive services in their practices, including comparative benchmark information?

Educational and Prevention Materials for At-Risk Patients

Did the managed care plan directly provide specific educational materials such as health promotion, disease prevention, and wellness information to persons with high risk conditions?

Pre-/Post-surgical Information

Did the managed care plan directly provide pre- and post-surgical information via general educational materials to all members or specific information targeted to patients with high risk conditions?

Reminder Calls or Letters

Did the managed care plan send reminder/recall letters or make telephone calls from the plan office to members to ensure usage of the following preventive services: mammogram, Pap smear, immunization?

Activities

- — Yes
- — No

Selected Plan Benefits

Prescription Prenatal Vitamins	Contraceptives				Chiropractor	Podiatrist	Routine Physical Exam	Annual Flu Shot	RN Hotline	Plan Name
	Birth Control Pills	IUDs	Norplant	Depo Provera						
●	●	●	●	●	●	●	●	●	●	Blue-Advantage
●	●	●	●	●	●	●	●	●	●	Blue-Care
●	●	●	●	●	●	●	●	●	○	Blue Choice
●	●	●	●	●	●	●	●	●	●	CIGNA HealthCare St. Louis
●	●	●	●	●	●	●	●	●	●	CIGNA of Kansas/Missouri
●	●	●	○	○	●	●	●	●	●	Community Health Plan
●	●	●	●	●	●	●	●	●	●	Cox Freeman Health Plan
●	●	●	●	●	●	●	●	●	●	Exclusive Healthcare
●	●	●	●	●	●	●	●	●	●	Group Health Plan
●	●	●	●	●	●	●	●	●	●	HealthNET Blue POS
●	●	●	●	●	●	●	●	●	●	Health Partners of the Midwest
●	●	●	●	●	●	●	●	●	●	HealthLink
●	●	●	●	●	●	●	●	●	●	HealthNet HMO
●	●	●	●	●	●	●	●	●	●	Humana Health Plan
●	●	●	●	●	●	●	●	●	●	Humana Kansas City
○	●	●	●	●	●	●	●	●	●	Kaiser Foundation Health Plan-KC
●	●	●	●	●	●	●	●	●	●	Mercy Health Plan of Missouri- St. L.
●	●	●	○	○	●	●	●	●	●	Missouri Advantage
●	●	●	●	●	●	●	●	●	●	Premier Health Plans
●	●	●	●	●	●	●	●	●	●	Principal Health Care of Kansas City
●	●	●	●	●	●	●	●	●	●	Principal Health Care of St. Louis
●	●	●	●	●	●	●	●	●	●	Prudential Health Care Plan - KC
●	●	●	●	●	●	●	●	●	●	Prudential Health Care Plan - St. L.
●	●	●	●	●	●	●	●	●	●	Total Health Care
●	●	●	●	●	●	●	●	●	●	UnitedHealthcare of the Midwest - KC
●	●	●	●	●	●	●	●	●	●	UnitedHealthcare of the Midwest - St. L.

Benefits Offered

Did the managed care plan offer the following benefits to their enrollees:

- ◆ Smoking Cessation Classes or Medication
- ◆ Wellness Surveys
- ◆ Prescription Prenatal Vitamins including Folic Acid
- ◆ Contraception
 - ◆ Birth Control Pills
 - ◆ Intra-uterine Devices (IUDs)
 - ◆ Norplant
 - ◆ Depo Provera
- ◆ Chiropractic Services
- ◆ Podiatric Services
- ◆ Routine Physical Exams
- ◆ Unrestricted Approval for Annual Flu Shots for all members
- ◆ Nurse Hotline(after hours/urgent care)

Activities

- — All Products
- — Some Products¹
- — No Products

¹ Contact plan to determine availability

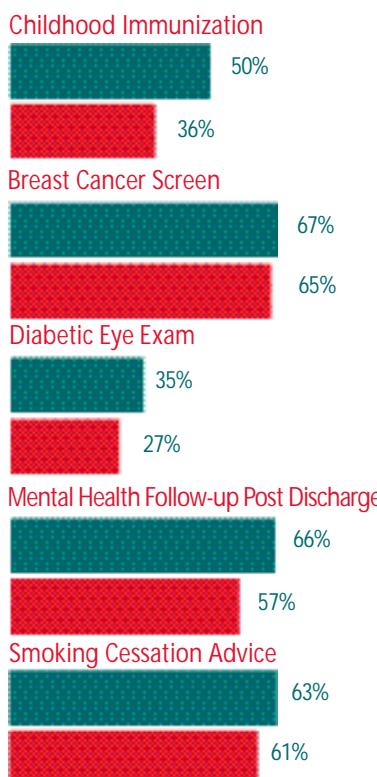
What Have We Learned About Managed Care?

Quality of Care

Managed care members, physicians and plans share a joint responsibility to assure utilization of preventive services such as mammograms, diabetic eye exams and immunizations. However, an under-utilization of such services exists in managed care. As seen with the preventive health services below, the eligible population for those services show a range of 30% to 70% under-utilization.

Generally though, accredited plans in Missouri have a higher rate of providing preventive services than non-accredited plans. This seems especially true of Childhood Immunizations (50% vs 36%), Mental Health Hospitalization Follow-ups (66% vs 57%) and Diabetic Eye Exams (35% vs 27%).

- ◆ Accredited
- ◆ Non-Accredited



Mammogram

Sixty-six percent of women age 52-69 in commercial managed care plans received a mammogram in the past two years. The national managed care rate is 72%. These rates are virtually unchanged from the previous reporting in the 1998 Buyer's Guide.

Breast Cancer Screening



Mental Health Hospitalization Follow-up

Sixty-two percent of commercial managed care patients hospitalized for a mental health condition received a follow-up visit within 30 days. The national average is a 67% follow-up rate.

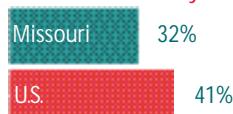
Mental Health Follow-up



Diabetic Eye Care

Thirty-two percent of diabetic persons in Missouri managed care plans had the recommended annual eye exam. This compares with a national average of 41%.

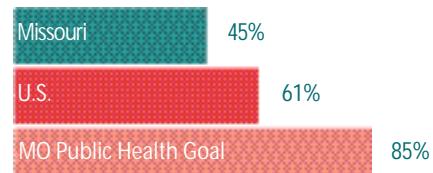
Annual Diabetic Eye Exam



Childhood Immunization

An average of 45% of two-year old children were immunized within the recommended time frame according to the reporting commercial managed care plans. This result is below the national average of 61% and considerably below the Missouri public health goal of 85%.

Childhood Immunization



Early Prenatal Care and Managed Care

Pregnant women in managed care plans were more likely to receive care in their first trimester of pregnancy than women not in managed care plans (96% vs. 82%). This difference increased considerably from last year's rates (95% vs. 89%), primarily due to a decrease in early prenatal care among mothers not enrolled in managed care.

First Trimester Care



Member Satisfaction

Fifty-five percent of Missourians enrolled in commercial managed care reported a high level of overall satisfaction (55%) with their health care plan compared with the national average of 57%. For the other satisfaction measures, Missouri and national respondents were similar. Further, little difference existed between accredited plans and non-accredited plans.



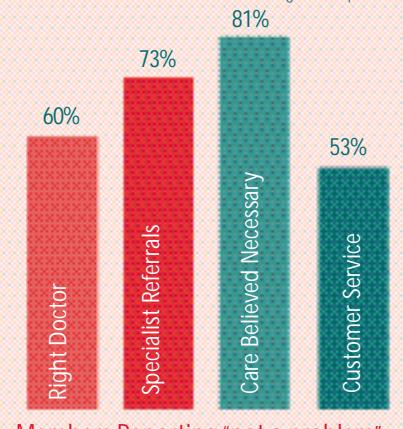
Overall Results for Selected Individual Satisfaction Questions

In the national, state, and local media, certain questions appear to be repeatedly associated with the overall "Quality of Managed Care" discussion now going on.

With respect to **accessing good health care providers**, two measures of quality are reflected in the answers to: 1) Getting the right doctor for themselves, and 2) Getting referrals easily to specialists deemed needed?

Questions more closely identified with **receiving quality customer service** from the administrators of managed care plans are: 3) Was it a problem getting the care the member and his/her doctor believed necessary, and 4) Was it a problem getting the help the member needed when calling the plan's customer service phone line?

The chart displays the average proportion of members reporting "not a problem" to these questions across all of Missouri's commercial managed care plans.



Providers

Of the satisfaction indicators reported, the highest level of satisfaction was for the two measures involving direct contact with health care providers and clinic staff. Respondents found clinic office staff usually or always courteous and helpful (91%) and said their doctors usually or always communicated well (89%).

Provider Contacts

Staff—courteous, helpful	91%
Doctors—communicated well	89%

Plan Services

Health plan administrative issues fared almost as well in member approval: getting care quickly (78%), satisfaction with claims processing (77%) and getting needed care (74%). However, only 53% of members indicated that customer services were not a problem. These services included plans' written information, customer service phone contacts, and paperwork.

Plan Administration

Getting Care Quickly	78%
Claims Processing	77%
Getting Needed Care	74%
Customer Service	53%

Accessibility

Only two of 26 plans pay for all four major types of contraceptives through all plan products.



Only ten out of 26 plans pay for smoking cessation programs.



Twenty-one of the 26 plans will pay for unconditionally approved annual flu shots through all their products.



Eighteen of 26 reporting plans provide an RN hotline.



Twenty-one of 26 managed care plans provide some level of educational materials to assist high-risk patients.



Reminder Calls or Letters

Managed care plans that provide reminder calls or letters have higher child immunization rates (54% vs. 23%).

Immunization Rates for Plans that:

Provide Reminders	54%
No Reminders	23%

Mammogram indicators show that plans that provide this service have higher rates (68% vs 63%).

Mammogram Rates for Plans that:

Provide Reminders	68%
No Reminders	63%

What Do Commercial Managed Care Plans Look Like?

Plan Name	Licensee Name	Commercial Enrollment	% Change in Enrollment	Statewide Market Share
Blue-Advantage	TRISource Healthcare Inc.	35,096	- 5.4%	2.7%
Blue-Care	Good Health HMO Inc.	14,741	- 5.2%	1.1%
Blue Choice	HMO Missouri Inc.	132,016	- 3.5%	10.3%
CIGNA HealthCare of St. Louis	CIGNA HealthCare St. Louis	8,504	20.0%	0.7%
CIGNA of Kansas/Missouri	CIGNA of Ohio, Inc.	5,785	8.4%	0.5%
Community Health Plan	Community Health Plan	30,585	81.8%	2.4%
Cox Freeman Health Plans	Cox Freeman Health Plans	16,118	56.8%	1.3%
Exclusive Health Care	Exclusive Health Care	5,569	40.3%	0.4%
FirstGuard Health Plan	FirstGuard Health Plan Inc.	1,893	New	0.1%
Group Health Plan	Group Health Plan Inc.	115,480	14.0%	9.0%
HealthNET Blue POS	HMO Missouri Inc.	Information included as part of Blue Choice reporting		
Health Partners of the Midwest	Health Partners of the Midwest	69,039	24.4%	5.4%
HealthLink	HealthLink HMO Inc.	24,092	15.6%	1.9%
Health Net HMO	Health Net HMO Inc.	27,079	22.6%	2.1%
Humana Health Plan	Humana Health Plan Inc.	54,252	46.6%	4.2%
Humana Kansas City	Humana Kansas City Inc.	31,517	- 15.3%	2.5%
Kaiser Foundation Health Plan - Kansas City	Kaiser Foundation Health Plan - KC Inc.	40,086	- 7.5%	3.1%
Mercy / Premier Health Plans	Mercy Health Plans of Missouri	107,497	30.7%	8.4%
Missouri Advantage	Missouri Advantage LLC	9,156	66.4%	0.7%
Principal Health Care of Kansas City	Principal Health Care of Kansas City Inc.	23,325	- 35.2%	1.8%
Principal Health Care of St. Louis	Principal Health Care of St. Louis Inc.	30,683	- 17.9%	2.4%
Prudential Health Care Plan - KC & St. L	Prudential Health Care Plan	58,111	22.0%	4.5%
Total Health	Blue Cross Blue Shield of Kansas City	Information not gathered by DOI prior to 2000		
UnitedHealthcare of the Midwest - KC & St. L	UnitedHealthcare of the Midwest	442,193	- 10.3%	34.4%
All Plans		1,283,778	2.5%	100%

Licensee

Financial and enrollment information in this table (except disenrollment) was supplied by the Dept. of Insurance (DOI). Health plans are only required to report to DOI at the licensee level so not all product disaggregations found on prior tables were available. Where 1998 data for plans were incomplete or not reported, 1997 data were used.

Commercial Enrollment

These figures indicate how many Missourians were enrolled in a commercial, non-ASO managed care plan in 1998. There are strengths and limitations relative to a plan's size. A large plan may be able to spread the risk of high medical expenses from a few very sick members across a more extensive population so they do not adversely impact the plan's overall financial viability. On the other hand, smaller plans may be able to respond more quickly to consumer requests.

Percent Change in Commercial Enrollment

This indicates the percent change in enrollment reported from a plan's annual financial statement between 1998 and 1997.

Statewide Commercial Market Share

This shows the percentage of the State's commercial managed care plan members who are enrolled with a specific plan. It provides an indication not only of plan size but also of the population size over which plan risk is spread for medical services. Especially when compared to enrollment and other quality or satisfaction indicators this measure can reflect a plan's success in meeting the varied health care needs of the State's citizens.

Performance Level

- High Performance
- Average Performance
- Low Performance

¹FirstGuard Health Plan began offering commercial coverage in the Kansas City area on Jan. 1,1998. This plan was not required to submit performance and satisfaction data for this Buyer's Guide.

1998 Accreditation	1998 Disenrollment	1997-1998 Complaint Index	1996-1998 Days in Unpaid Claims Ratio	1996-1998 Medical Expense Ratio	1996-1998 Administrative Expense Ratio
NCQA	29%	●	○	97%	●
NCQA	21%	●	●	90%	●
NCQA	36%	○	●	98%	●
NCQA	21%	●	●	79%	○
NCQA	24%	○	●	89%	○
none	12%	●	○	102%	●
none	16%	●	●	88%	●
URAC	40%	○	○	129%	●
none	New	●	○	78%	●
NCQA	23%	●	●	91%	●
Information included as part of Blue Choice reporting			Information included as part of Blue Choice reporting		
none	19%	●	○	88%	●
none	32%	●	●	38%	●
none	28%	●	○	86%	●
NCQA	24%	○	●	87%	●
NCQA	24%	○	●	85%	●
NCQA	21%	●	●	98%	●
none	21%	●	●	96%	●
none	17%	○	○	87%	●
NCQA	40%	○	●	90%	●
none	5%	○	○	93%	●
NCQA	28%	○	●	90%	●
Information not gathered by Department of Insurance prior to 2000					
URAC	22%	○	●	88%	●
	24%	100	49	90%	15%

Accreditation Status

Missouri managed care plans may voluntarily seek and qualify for accreditation, indicating that they meet national quality standards from the following organizations: National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC). A plan that is not accredited is listed as "none."

Disenrollment

This is the percentage of all managed care plan enrollees who have "left" the plan for whatever reason. This measure serves as an indicator of stability of membership in the health plan. It does not differentiate between members who leave because of dissatisfaction and members who leave for other reasons, so it should not be used as a proxy for dissatisfaction.

Complaint Index

The complaint index compares to the industry average the number of consumer complaints the Missouri Department of Insurance has received in the past two years relative to the amount of business a specific company writes in Missouri. Plans at less than 50% of industry average are shown as high performance; more than 100% of industry average is shown as low performance.

Days in Unpaid Claims

This indicator tells how long it takes to pay benefits and other bills. It is important because it tells how long providers have to wait to get paid. High performance is less than 45 days, average performance is 45-59 days, low performance is 60 days or more.

Medical Expense Ratio

This is the percentage of total premiums and related revenues that covers total medical and hospital expenses. A ratio that is too high can mean the plan may not be making sufficient profit to stay in business. Too low a ratio may mean the plan is not spending enough revenues on medical and hospital expenses. A ratio between 85% and 95% should be considered typical, although a plan that is just starting up may have a lower ratio.

Administrative Expenses/Total Revenue

This is the percentage of total income used for administrative overhead. It is an indicator of "efficiency." Plans with administrative expenses less than 15% are shown as high performance. Plans with administrative expenses between 15% and 25% are shown as average and plans with administrative expenses of more than 25% shown as low performance.

Choosing a Managed Care Plan

Managed care plan providers should provide you with a member handbook, a subscriber contract, a listing of doctors and hospitals under contract with the plan and other information to help you select the right plan for you and your family. You are encouraged to seek additional information about the plan from as many sources as possible, including your doctor, family and friends. This buyer's guide provides a variety of commercial managed care plans, including information about how satisfied managed care members

were with their plan, as well as plan performance on selected HEDIS® measures. It can be used as a resource when you are reviewing your managed care options.

Consumers should be aware that not all of managed care is subject to the same rules and regulations. Employers who have self-insured or ERISA health plans may contract with a managed care organization for administrative services only (ASO). Under these types of ASO arrangements, employers have a higher degree of flexibility in choosing

the benefits and coverage items that will be offered to their employees. Such contracts are also excluded from legislation that mandates certain types of coverage by a managed care plan (e.g., age-appropriate and timely mammograms, access to an OB/GYN for an annual well-woman check, etc.), as well as legislation specific to quality oversight. Persons covered by ASO managed care plans should check with their employer for clarifications on coverage issues, as well as quality performance monitoring concerns.

Important steps when choosing a managed care plan.

- ◆ Check plan availability by region and county.
- ◆ Review benefit information.
- ◆ Review lists of doctors and hospitals participating in plans.
- ◆ Calculate premium costs, and co-payments.
- ◆ Compare plan scores in tables.
- ◆ Ask questions.

Sample Questions for Managed Care Plans

In addition to the information provided in this guide, you should also ask the plan the following types of questions:

1. Is my current practitioner a part of the managed care plan's network?
Will I be able to see the same primary care doctor all of the time?
2. I am under the care of a specialist — is he or she part of the plan's network? Is it possible to receive services from a specialist not affiliated with my managed care plan? Will the managed care plan make exceptions?
3. What services does the plan cover?
What preventive services does the plan offer (e.g. physical exams, immunizations)?
4. How and where do I obtain after hours care?
5. How do I receive care if I am out of town or in another state?
6. What are the plan's policies relating to pre-existing conditions?
7. How are complaints or grievances handled?
8. Does the plan require prior authorization for specialty care? What is the procedure?
9. Does the plan offer translation services if needed?
10. What are my premium costs? Co-payments? Deductibles?
11. If I am covered by a second insurance policy, will the plan bill the second insurance policy?
12. What specialized hospitals are in the plan's network?
13. What are the pharmacy benefits? Are some drugs not covered?

Know Your Rights

As a managed care patient you have the right to:

- ◆ see your primary care provider
- ◆ urgent or after hours care for medically necessary conditions
- ◆ make a complaint or appeal a decision made by your managed care plan
- ◆ receive specialty care that is medically necessary
- ◆ see your medical records
- ◆ coverage for all emergency calls if a prudent person would have sought medical treatment under similar circumstances
- ◆ action by managed care plan on authorizing procedures and response to complaints within specified time frames
- ◆ access to health care providers without unreasonable distances to travel or lengthy delays
- ◆ be informed about medical services
- ◆ make an informed decision about proposed medical services
- ◆ not be charged or billed by network providers for covered services that managed care plans fail to pay
- ◆ obtain care without plans creating financial incentives for providers to give less-than necessary care
- ◆ privacy and confidentiality about your medical condition

- ◆ a description of:
 1. coverage, benefits, maximums and benefit limitations
 2. any benefit exclusions, including the definition of medical necessity used in determining coverage
 3. all requirements for treatment and service, including prior authorization
 4. utilization review (UR) policies, including when it is used, the toll-free number for UR agent, time-frames for UR decisions, the right to appeal decision
 5. financial responsibility for premiums, co-pays, deductibles and other charges, including charges for non-network services

Know Your Responsibilities

Know the rules of your managed care plan before you use medical services.

You have a responsibility to:

- ◆ select a regular medical provider
- ◆ schedule appointments and keep them, or call to cancel
- ◆ read materials given to you and ask questions about anything you do not understand
- ◆ make sure that you follow the rules of your managed care plan about referral to other providers before seeing other medical providers (you may have to pay the bill if you see a specialist without a referral)

Inform Yourself

◆ *Know Your Rights*

- ◆ To descriptions of service
- ◆ To descriptions of costs
- ◆ To urgent or necessary care
- ◆ To accessible care
- ◆ To privacy and confidentiality

◆ *Know Your Responsibilities*

- ◆ Read the rules
- ◆ Schedule, keep or cancel appointments
- ◆ Question what you do not understand
- ◆ Follow the health plan rules

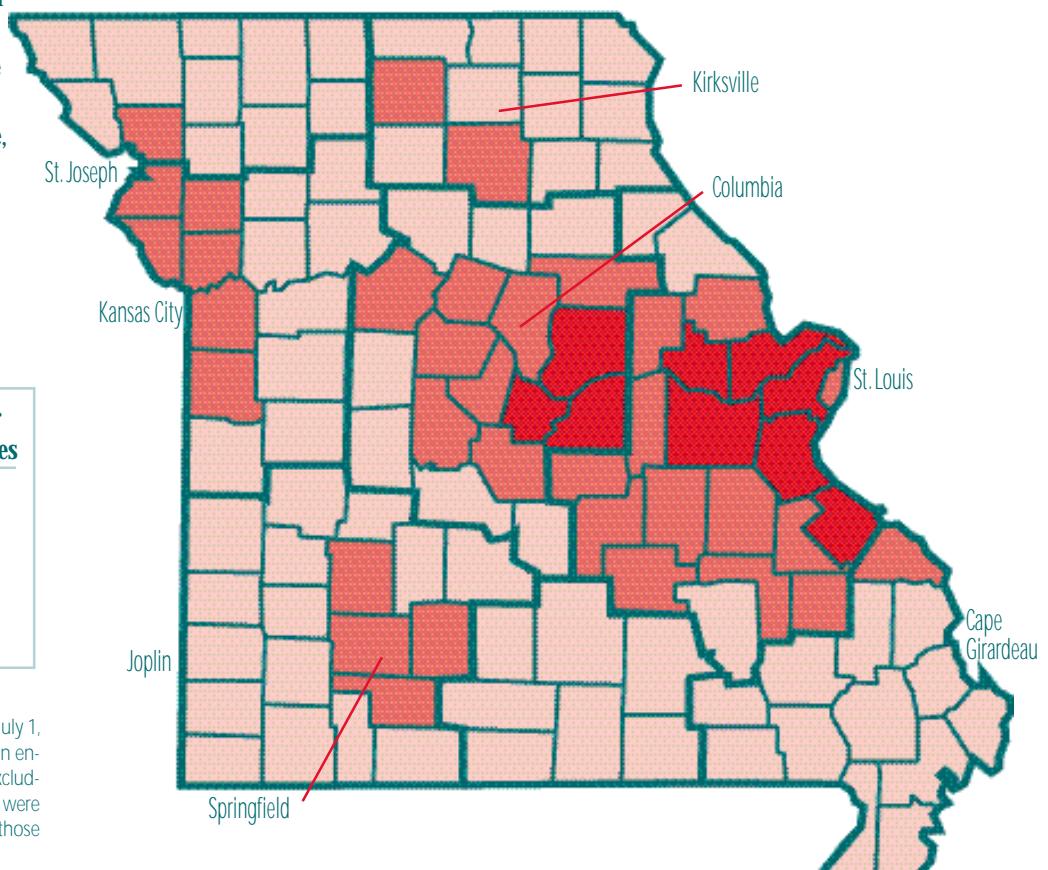
Counties in Each Region

Northwestern	Western	Southwestern	Central	South Central	Northeastern	Eastern	Southeastern
Andrew Atchison Daviess DeKalb Gentry Grundy Harrison Holt Mercer Nodaway Worth	Bates Buchanan Caldwell Carroll Cass Clay Clinton Henry Jackson Johnson Lafayette Livingston Platte Ray	Barry Barton Cedar Christian Dade Dallas Greene Hickory Jasper Laclede Lawrence McDonald Newton Polk St. Clair Stone Taney Vernon Webster	Audrain Benton Boone Callaway Camden Charlton Cole Cooper Gasconade Howard Maries Miller Moniteau Montgomery Monroe Morgan Osage Pettis Pulaski Randolph Saline	Douglas Howell Oregon Ozark Shannon Texas Wright	Adair Clark Knox Lewis Linn Macon Marion Putnam Schuyler Scotland Shelby Sullivan	Crawford Dent Franklin Iron Jefferson Lincoln Madison Phelps Pike Ralls Reynolds St. Charles St. Francois Ste. Genevieve St. Louis St. Louis City Warren Washington	Bolinger Butler Cape Girardeau Carter Dunklin Mississippi New Madrid Pemiscot Perry Ripley Scott Stoddard Wayne

Percent of County Enrolled in Commercial Managed Care¹

This map shows the percent of each Missouri county's population, less than 65 years of age, enrolled in a commercial managed care plan. There are three different shadings representing 15% increments of enrollment. For example, nine counties have between 30% and 45% of their non-senior population enrolled in commercial managed care, while 72 counties have less than 15% commercial managed care enrollment.

Shade	Enrollment	Number of Counties
◇	0 - 14.9%	72
◆	15 - 29.9%	34
◆◆	30 - 44.9%	9



¹Population figures are U.S. Census estimates as of July 1, 1998 for 114 Missouri counties and St. Louis City. Plan enrollment data for commercially available products, excluding self-insured packages as of December 31, 1998, were obtained from the Department of Insurance. For those plans not reporting, 1997 enrollments were used.

Telephone Numbers, Websites & References

Commercial Managed Care Plans

	Telephone Number	RN Hotline
Blue-Advantage ¹	..... (816) 395-2222	..... (816) 395-3989
Blue-Care ¹	..... (816) 395-2222	..... (816) 395-3989
Blue Choice	..... (800) 634-4395	
CIGNA HealthCare of KS/MO ¹	..... (800) 832-3211	..... (800) 832-3211
CIGNA HealthCare of St. Louis ¹	..... (314) 726-7860	..... (800) 847-7604
Community Health Plan	..... (816) 271-1247	..... (816) 271-4000
Cox-Freeman HealthPlans	..... (800) 205-7665	
Exclusive Healthcare	..... (800) 617-2871	
Group Health Plan ¹	..... (800) 755-3901	..... (800) 580-9733
HealthLink	..... (800) 624-2680	
HealthNet HMO	..... (800) 632-4765	..... (800) 533-0844
HealthNET Blue POS	..... (800) 634-4395	
Health Partners of the Midwest	..... (800) 338-4123	..... (800) 741-1497
Humana Health Plan ¹	..... (800) 715-4862	..... (800) 622-9529
Humana Kansas City ¹	..... (800) 715-4862	..... (800) 622-9529
Kaiser Permanente ¹	..... (800) 726-5247	..... (800) 870-5711
Mercy Health Plans	..... (314) 214-8100	..... (800) 811-1187
Missouri Advantage ²	..... (888) 658-3322	
Premier Health Plans	..... (800) 836-0402	..... (800) 811-1187
Principal Health Care of KC	..... (800) 969-3343	..... (800) 622-9528
Principal Health Care of St. Louis ³	..... (314) 434-6990	..... (800) 580-9733
Prudential HealthCare-Kansas City	..... (816) 756-5588	
Prudential HealthCare-St. Louis	..... (800) 298-7625	
Total HealthCare ¹	..... (816) 395-3558	..... (816) 395-3989
UnitedHealthcare of the Midwest-KC	..... (888) 340-9716	..... (800) 645-9688
UnitedHealthcare of the Midwest-St. L	..... (800) 627-0607	..... (800) 645-9688

¹ Not all products offer RN hotlines. Contact your plan to determine availability.

² Primary Care Physicians provide 24-hour-a-day call coverage for after-hours, urgent and emergency care.

³ Restricted to St. Louis area use.

Additional Phone Numbers

Missouri Department of Health

Bureau of Health Care

Performance Monitoring (573) 751-6279

Missouri Department of Insurance

Consumer Hotline (800) 726-7390

Kansas City Office (816) 889-2381

St. Louis Office (314) 340-6830

Managed Care-Jefferson City (573) 522-8767

References:

Healthy People 2000. Department of Health and Human Services Publication No. (PHS) 91-50212.

Missouri Health Maintenance

Organization Report 1998. Missouri Department of Insurance Managed Care Section, December, 1999.

National Committee for Quality Assurance. HEDIS[®] 2.0/1999. Washington DC: NCQA, 1998.

U.S. Preventive Services Task Force. Guide to Clinical Preventive Services, 2nd ed. Baltimore: Williams & Wilkins, 1996.

WEBSITE PAGES

The following web pages may be useful:

Missouri Department of Health:

www.health.state.mo.us

National Committee for Quality Assurance:

www.ncqa.org

American Accreditation Healthcare

Commission/URAC:

www.urac.org

American Medical Association:

www.ama-assn.org

American Osteopathic Assosiation:

www.aoa-net.org

SamHsa Managed Care Initiative:

www.samhsa.gov/mc/mancare.htm

Agency for Healthcare Research & Quality:

www.ahrq.gov

Managed Care Central:

www.familiesusa.org/managedcare

American Association of Health Plans:

www.aahp.org

Health and Human Services

U.S.Government:

www.healthfinder.gov

National Health Information Center

www.nhic-nt.health.org

Need More Information?

More detailed information can be found in the Revised Statutes of Missouri, Section 354.442 Statutes of Missouri Supplemental 1997. Visit the website at: www.moga.state.mo.us/homestat.htm.

Concerns or Complaints?

If you have concerns about your treatment or feel you have been denied health services, you may call your managed care plan. The plan will explain how to file a complaint and advise you of your grievance rights. If you disagree with a plan's position or decision, you can file a complaint with the Missouri Department of Insurance by calling the "Consumer Hotline" at: 1-800-726-7390.

*The Department of Health expresses genuine appreciation
to the following persons who assisted in making this report possible.*

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